supplemental priority data sheet PTO/SB/02B attached hereto.

Docket No. SMI/0004.01							
Please type a plus sign (+) inst	ide this box		A waren and	PTO/SB/01 (10-00			
Under the Paperwork Reduction Act of t	1995, no persons are requi		ent and Trademark	for use through 10/31/2002 OM8 0651-003: Office, U.S. DEPARTMENT OF COMMERCE pless it contains a valid OMB control number			
DECLADATION FO	O UTILITY OD	Attorney De	ocket Number	SMI/0004.01			
DECLARATION FOR UTILITY DESIGN		First Name	d inventor	Kucherawy			
PATENT APPL			COMPLETE IF KNOWN				
(37 CFR		Application	Number				
	·	Filing Date					
☐ Declaration ☐ Submitted OR	Declaration Submitted after Initial	itial Group Art U	nit Unas	signed			
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	<u> </u>		ssigned			
		<u>-</u>					
I believe I am the original, first an names are listed below) of the su E-Nail System, with Metho the specification of which is attached hereto or was filed on (MM/DD/YYYY) Application Number. I hereby state that I have reviewe amended by any amendment specifications, material infor PCT international filing date of the I hereby claim foreign grionty ber	☐ is attached hereto OR as United States Application Number or PCT International (if applicable)						
America, listed below and have certificate, or any PCT internation	certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America. listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a fitting date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Da (MM/DD/YYYY)	. 1	Certified Copy Attached? YES NO			
			000	0000			
Additional foreign application							
I hereby claim the benefit under Application Number(s)			sional application(s) listed below.			
Application Number(s) Filing Date (MM/DD/YYYY) 50/281,313 04/03/2001 Additional provisional application numbers are listed on a							

[Page 1 of 2]

[Fage | O| 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO, Assistant Commissioner for Patents, Washington, DC 20231.

Docket No. SMI/0004.01		
Please type a plus sign (+) inside this box	\rightarrow	+

PTO/SB/01 (10-00)

Please type a plus sign (+) inside this box

+

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are recurred to respond to a collection of information unless it contains a valid OMB control number

DECLARATION — Utility or Design Patent Application							
Direct all correspondence to:	Customer Num or Bar Code La		2865	3	OR 🗌	Correspondence address below	
Name John A. Smart	Name John A. Smart						
Address	-						
Address 708 Blossom Hill Ro	i., #201						
Los Gatos City				CA State		95032-3503 ZIP	
じ.s.A. Country	T	Felephone	(438)	395-88	319	(408) 490-2853 Fax	
I hereby declare that all statements ma are believed to be true: and further th made are punishable by fine or impriso validity of the application or any patent	at these statem onment, or both	ments were h, under 18	e maďe witi	ti the kra	owledge that will	ful false statements and the like so	
NAME OF SOLE OR FIRST IN	/ENTOR:			A petition	on has been f	îled for this unsigned inventor	
Given Name Murray (first and middle [if any])			- 1	Family N or Surna		awy	
Inventor's Signature	Inventor's May 21, 2001						
San Francisco Residence: City	7					Canada Citizenship	
Residence: City State Country Citizenship Mailing Address 1345 Fillmore St., #309							
Mailing Address 1345 Fillimore	St., #309		<u> </u>				
Mailing Address 1345 F111mcre Mailing Address	St., #309						
Mailing Address	St., #309 CA State			94115 ZiP		ਹ.੪. Country	
Mailing Address San Francisco	CA State			94115 ZIP			
Mailing Address San Francisco City	CA State] 	94115 ZIP	on has been f	Country	
Mailing Address San Francisco City NAME OF SECOND INVENTOR	CA State] 	94115 ZIP A petitio	on has been f	Country	
Mailing Address San Francisco City NAME OF SECOND INVENTOR Given Name (first and middle [if any])	CA State] 	94115 ZIP A petition Family Nor Surna	on has been f	Country illed for this unsigned inventor	
Mailing Address San Francisco City NAME OF SECOND INVENTOR Given Name (first and middle [if any]) Inventor's Signature	CA State		S	94115 ZIP A petition Family Nor Surna	on has been f lame lime	Country illed for this unsigned inventor Date	
Mailing Address San Francisco City NAME OF SECOND INVENTOR Given Name {first and middle [if any]} Inventor's Signature Residence: City	CA State		S	94115 ZIP A petition Family Nor Surna	on has been f lame lime	Country illed for this unsigned inventor Date	
Mailing Address San Francisco City NAME OF SECOND INVENTOR Given Name (first and middle [if any]) Inventor's Signature Residence: City Mailing Address	CA State		□ A For the state	94115 ZIP A petition Family Nor Surna	on has been f lame lime	Country illed for this unsigned inventor Date	

Docket No.	SMI/0004.	01
------------	-----------	----

Please type a plus sign (+) inside this box +

PTO/SB/81 (10-00)

Approved for use through: 10/31/2002. OMB 0651-0036
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Kucherawy
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	SMI/0004.01

I hereby appoint:		, ····			
X Practitioners at C OR Practitioner(s) na	Customer Number	28653]-	N	lace Customer umber Bar Code abel here
	Name			Registration N	Vumber
John A. Sma	rt		34,	929	
		ł			
as my/our attorney(s) or business in the United S					to transact all
Please change the corre X The above-mentions OR	spondence address for l ed Customer Number.	the above-identif	ied a	application to:	
Firm or Individual Name	John A. Smart				
Address					
Address	708 Blossom Hill Rd	., #201			
City	los Gatos	S	tate	CA	Zip 95032-3503
Country	U.S.A.				
Telephone	(408) 395-8819	F	ax ((408) 490-285	3
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Murray	Aucherawy				
Signature	was lucke	Mun			
Date May 21,	26/21				
NOTE: Signatures of all the inventi forms if more than one signature is	ors or assignees of record of to required, see below*.	the entire interest or	their r	epresentative(s) ar	e required. Submit multiple
2 *Total ofform	ns are submitted				